

PROFORMA
RECOMMENDATION FOR BEYOND ECONOMIC REPAIR (RBER)
BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAM (BEMP)

Name of Hospital: PHC MUNDERI	Name of District: KANNUR
Name of Equipment: BP APPARATUS	Equipment ID & Barcode: 142930-1340063
Make: ELKO	Model: NA
Serial Number: NA	Warranty details: No Warranty
Date of purchase/ Year of manufacture/ Installation Date: 24.08.2019	Present status of the equipment: Fully damaged
Date of breakdown: 25.10.2024 Date of registration of complaint through email/Toll free): Toll free	*AMC/ CAMC Period agreed at the time of purchase: No AMC/CAMC

Action taken: Checked the equipment found that equipment is not switching ON. Found that Main Board and Display defective. Need to replace these spares for further checking.

Recommendations for repair (required service details): No recommendations

Cost of spares (specify parts and cost): NA

#Percentage value of the cost of spares with respect to Cost of Purchase/ Asset Value: NA	Asset Value: 2200/-
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Abstract of Service Report provided by the OEM/ Authorized Service Provider/ CYRIX (Attached or Not): Cyrix service Report attached

Reasons for recommending the equipment as BER: Checked the equipment found that equipment is not switching ON. Found that Main Board and Display defective. Need to replace these spares for further checking. Equipment installed on 24.08.2019 aged up to 5 years 2 months. Quotation not submitted since spares are not available in the market. So we recommend the equipment for condemnation.

Avinash J. [Signature] 11/11/24
 Name & Signature of CYRIX Authority with date

Remarks of Junior Consultant (Biomedical) NHM: checked & identified that machine not working due to main board & display issue. Aged upto 5 years and above the quotation not submitted. the spare cost not feasible. so recommended for BER as per BER protocol.

Recommended for BER (Yes/ No):	[Signature] 04/11/24 Signature of JC BM (NHM)
Date: 04/11/24.	

Date: 05.11.24
 Signature of Superintendent / Medical Officer (i/c)
 KANNUR - 670002
 NATIONAL HEALTH MISSION
 CONSULTANT BIOMEDICAL
 MUNDERI - 670 591

*Not mandatory
 OFFICE OF THE PRIMARY HEALTH CENTRE
 KANNUR DIST.
 MUNDERI - 670 591
 #Based on the period of life and value as per the BER guidelines * Attach Photograph



**BIOMEDICAL EQUIPMENT
MAINTENANCE PROGRAMME
UNDER
NATIONAL HEALTH MISSION**



SERVICE PROVIDER
Tender No. WO-37/2021-2022/698

No : 1008204

CYRIX[®]
HEALTH CARE PVT LTD

ISO 13485 : 2012 & ISO 9001-2008 CERTIFIED COMPANY | AERB Approved Service Agency

Service Report 30/64 1 B, Petta Junction, Poonithura, Kochi- 682 038, Kerala
Ph : 98472 99500 Website :www.cyrix.com | Email : bemp.kl@cyrix.in

Health Facility..... <i>Phc munderi</i>	Call Registration Date : <i>25-10-24</i>
Address..... <i>kannur</i>	Caller ID : <i>142930</i>
..... <i>kerale</i>	Date of Visit : <i>26-10-24</i>
Ph: <i>9496 45-3180</i>	Asset No : <i>1340063</i>
	EQPT Name : <i>BP Apparatus</i>
	Manufacture..... <i>ELKO</i> Model : <i>NA</i>
	S. No..... <i>NA</i> Dept. <i>Sub Centre</i>

Service Classification : Breakdown call PMS Calibration Cust. Training

Problem Identified : *Main board & display defective*.....

Action Taken : *checked the equipment. Found that equipment is not switching ON. Found that main board & display defective. need to replace these spares for further checking*.....

Completed Date : *26-10-24*..... Time : *11:00 Am*..... Spare Required

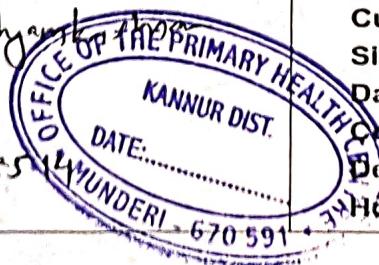
Spare Replaced Requested

Description	Qty.	Part Number	PR Number
1.			
2.			
3.			

Cyrix Engineer	Date	Start Time	End Time
<i>Shyamkiran</i>	<i>26-10-24</i>	<i>10:30 Am</i>	<i>11:00 Am</i>

Customer Remark Completed Pending

Service Engineer Name : <i>Shyamkiran</i>	Customer Name : <i>Beenamathar</i>
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
Date: <i>26-10-24</i>	Date: <i>26/10/24</i>
Contact Number: <i>82811885</i>	Contact Number: <i>9496357022</i>
	Designation : <i>PHN</i>
	Hospital Seal

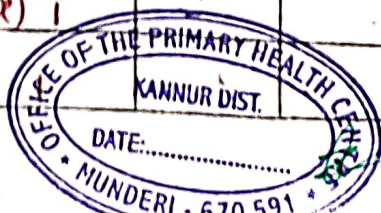


**MEDICAL OFFICER
PRIMARY HEALTH CENTRE
MUNDURI - 670 591**

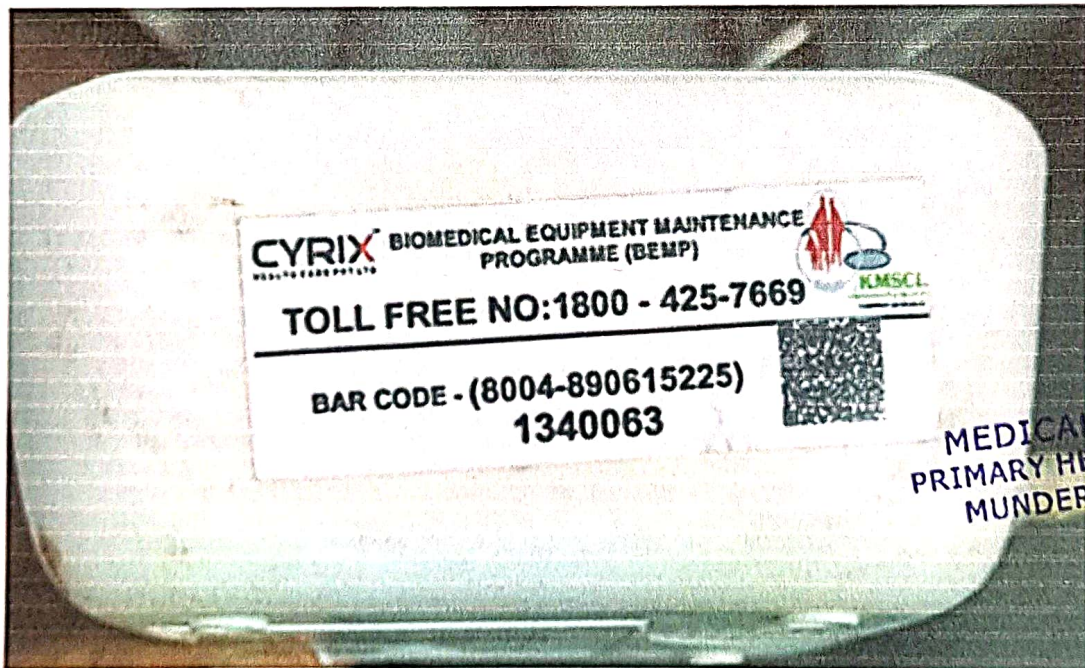
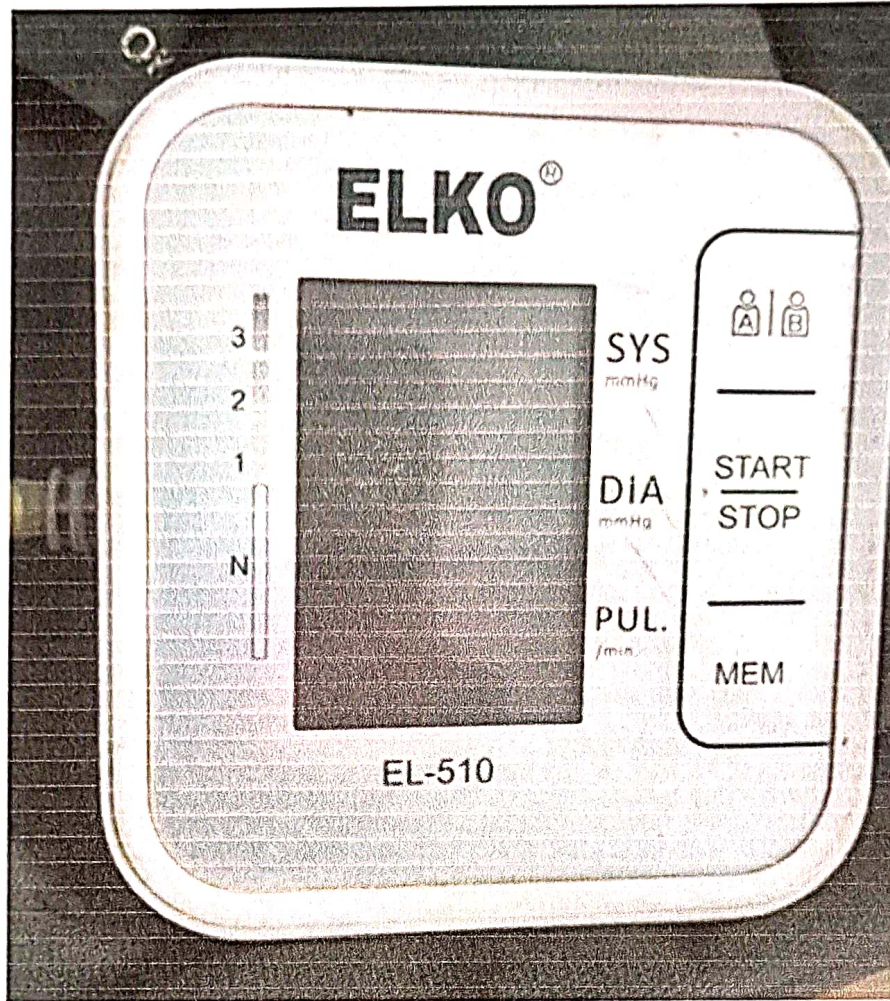
STOCK REGISTER OF.....

Name of Article.....

Date	No. and date of voucher or invoice	From whom received or to whom issued	Receipt	Issued	Balance after each transaction	Initials of Receiver	Remarks
		Brought forward				Rate	
	19	Oxygen Cylinder Spinning	1		-	166.75	12/2028
	20	Oxygen Cylinder Trolley	1			413.85	12/2028
	21	Oxygen flow meter with humidifier	1			1179.23	12/2028
	22	Salt testing kit for iodine to test / kit	5			21.80	10/2020
	23	Stadiometer	1			467.80	12/2024
	24	Stethoscope	1			308.04	12/2028
	25	Thermometer (Digital)	1			67.76	1/2028
	26	Urine strip (Glucose albumin) 100 test / kit	9			102.68	3/2021
	27	weighing machine (adult)	1			1608.04	1/2028
	28	weighing machine (paediatric)	1			4239.44	12/2028
	29	Black disposal bag	1			58.00	
	30	Red disposal bag	1			58.00	
	31	Yellow disposal bag	1			58.00	
	32	Hand Towels	1			36.40	
	33	Bed sheet examination table	1			330.00	
		Issued to S/C block nehora	-	above items	-	Received	
B 935 # 20/11/19		Revised mammography machine (included in kit)	1			Rate	exp.
		1. BP apparatus Digital	1			1119.19	12/2028
		2. Dust bin (Black swing type)	1			194.91	12/2028
		3. Dust Red Swing Type	1			199.11	12/2028



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